

ANIMAL CONTRL (2925X)

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Personnel Services

	FY2018 ACTUAL	FY2019 ACTUAL	FY2020 ACTUAL	FY2021 ACTUAL	FY2022 TM ADOPTED	FY2023 REQUESTS	FY2023 PROPOSED
Salary Full Time ACO	\$57,165	\$57,616	\$61,159	\$62,046	\$63,843	\$4,428.40	
Wages Part Time	\$11,285	\$12,103	\$10,686	\$10,771	\$13,434	11,712.00	
Wages Overtime	\$7,406	\$7,479	\$6,265	\$9,038	\$5,125	5,000.00	
Night Stipend	\$390	\$671	\$665	\$660	\$1,500	1,500.00	
Longevity	\$950	\$950	\$1,050	\$1,050	\$1,050	0.00	
Weekend Coverage							
Weekend Stipend							
Total	\$77,195	\$78,819	\$79,825	\$83,566	\$84,952	72,640.40	0.00

Expenses

Supplies and Expenses							
Propane Gas Heat	\$2,018	\$4,599	\$1,809	\$1,849	\$2,000	2,600.00	
Equipment	\$1,059	\$3,287	\$3,021	\$2,296	\$2,800	1,000.00	
Vehicle Supply/Repair	\$1,961	\$1,842	\$2,788	\$1,853	\$2,500	3,000.00	
Gasoline/Oil	\$14	\$1,107	\$0	\$274	\$1,000	1,000.00	
Water/Sewer	\$2,775	\$2,233	\$2,648	\$2,993	\$2,500	3,000.00	
	\$482	\$636	\$545	\$479	\$500	600.00	
Total	\$8,310	\$13,703	\$10,812	\$9,744	\$11,300	11,200.00	0.00

TOTAL BUDGET

	\$85,505	\$92,522	\$90,637	\$93,309	\$96,252	83,840.40	0.00
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BUDGET NARRATIVE

Description of Department Function

Describe the overall mission or purpose of the Department.

The purpose of Animal Control is to enforce the Town bylaws regarding domestic pets and livestock.

To answer and resolve calls pertaining to leash law violations, excessive barking complaints, etc. Animal Control also works closely with other Town departments Police, Fire, DPW, Board of Health and Town Clerk.

Animal Control removes deceased animals from roadways, domestic and wild.

Animal Control serves as the Animal Inspector for the State of Massachusetts issuing quarantines for domestic animal bites, wounds of unknown origin, etc. Also, capturing sick or injured wildlife, and those that have had contact with people or domestic animals, euthanizes them and preps them for rabies testing.

Programs and Sub-Programs

Consider and list the actual Programs and Sub-Programs Executed by the Department

The incoming ACO has several thoughts on educational programs during her tenure as the Full Time Animal Control Officer. To be discussed.

Accomplishments

Describe the major describable accomplishments or measurable activities in FY22 or CY21. Use statistics whenever possible.

FY23 Departmental Goals

Describe the initiatives and accomplishments planned for FY23

Focusing on more educational programs for youth as well as adults.

Spending Highlights for FY23

Explain any significant budget changes from FY22

Personnel Services changes-there is a significant decrease in this area due to the retirement of the current Full Time ACO. The former ACO had 5 weeks of vacation and the incoming ACO does not have any at this time. Along with a change in the beginning step of the new ACO as the former ACO was at the top step.

Decrease in the Propane line item-a new HVAC system was installed at the Animal Control Kennel-leaving the old propane heater connected as a back up if needed so the propane usage is significantly lower-looking to keep \$1,000 in the line item for propane and maintenance if needed.

Increasing the following line items- (with the money from the propane line the ACO would like to increase the following due to higher costs of supplies and equipment. The gas/oil line is always an over run because that depends on number of calls and varying costs for pump maintenance, every department must pay a share.

Supplies & Expenses \$2,600 (increase \$600)

Propane \$1,000-**decreased \$1,800**

Equipment \$ 3,000 (increase \$500)

Vehicle repair \$1,000-**no change**

Gas & Oil-\$3,000 (increase \$500)

Water/ Sewer \$600 (increase \$100)

Leaving the last \$100 subtracted from the Propane line as an actual decrease in the Expenses side of the budget.

We split the Animal Control Budget 55% to be paid by Medway and 45 % to be paid by Millis

55%=\$46,112.22

45%=37,728.18

Non-tax Funding

List any expected non-tax revenues that will be used to fund department activities, including an estimate to be received.

[illegible]

[illegible]

Budget Request Above Level Service

Title:

Description of Request:

N/A

Detailed Cost Impact:

Justification for Request

Attach copies of reports, master plans, or supporting documentation)

CAPITAL PROJECT DETAIL SHEET

Project Title:		Category:							
Department:									
Description and Justification:				Please send a photo depicting the capital request as a separate file. Do not drop it in to this template.					
RECOMMENDED FINANCING									
	Source of Funds	Total Six - Year Cost	Estimated Expenditures by Fiscal Year						
			FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	
A. Feasibility Study									
B. Design									
C. Land Acquisition									
D. Construction									
E. Furnishings/Equipment									
F. Departmental Equipment									
G. Contingency									
H. Other									
TOTAL									
Source of Funds Legend									
(1) Operating Revenues	(3) State Aid	(5) EMS Revolving Fund Fees	(7) Sewer Enterprise Fund Fees						
(2) Municipal GO Bonds	(4) Trust Funds	(6) Free Cash / Other	(8) Water Enterprise Fund Fees						
			(9) Stormwater Enterprise Fund Fees						



Town of Millis

Capital Planning Committee

Priority Ranking Worksheet

Project Name:	
Priority Ranking:	
Project Type:	
Useful Life:	
Responsible Department:	

Criteria	Description	Rating Scale (1-9)	Project Rating *	Notes / Comments
Project Requirements	Is the project required to meet legal, compliance, or regulatory mandates or potentially impact the towns ability to provide necessary services?	1 = not required or mandated 5 = pending requirement 9 = required or mandated	-	
Strategic Alignment	To what extent is the project aligned with the government's overall strategies?	1 = no alignment with strategies 5 = partial alignment with strategies 9 = full alignment with strategies	-	
Value to Citizens	How much value will the outcome of this project bring to our citizens?	1 = minimal value 5 = partial value 9 = high value	-	
		Priority Factor	-	

Priority Ranking Criteria	Applicable**	Weighting Factor	Priority Factor	Score	Notes / Comments
Public Health and Safety		1.50	-	-	
Employee Health and Safety		1.25	-	-	
Regulatory Mandate		1.50	-	-	
Frequent Problems		1.25	-	-	
Generates Revenue		1.00	-	-	
Lowers Ongoing Operation Costs or generates savings		1.25	-	-	
Age or Condition of Existing		1.00	-	-	
Public Benefit		1.25	-	-	
Public Demand		1.00	-	-	
Synergy with Other Projects		1.00	-	-	
Comprehensive Plan Component		1.25	-	-	
Total Score				-	

*Project Rating - Using Rating Scale rate your project from 1 - 9

**Applicable - Enter a 1 if your project meets the Priority Ranking Criteria



Town of Millis

Host Community Agreement

Marijuana Impact Funds Request Form

Request Date		IMPORTANT NOTICE By signing and submitting this form you agree that the requested funds will be used for the purposes stated in this form.
Requestor's Name		
E-mail		
Phone		
Department		
Category	Demographic Information	Classification
<input type="checkbox"/> Training <input type="checkbox"/> Materials <input type="checkbox"/> Staffing <input type="checkbox"/> Special Event <input type="checkbox"/> General	<input type="checkbox"/> Child <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Adult/Parent <input type="checkbox"/> Senior <input type="checkbox"/> General	<input type="checkbox"/> Education <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Security <input type="checkbox"/> Public Infrastructure <input type="checkbox"/> Traffic <input type="checkbox"/> Inspections <input type="checkbox"/> Municipal Officials Time

Description of Request:

Funding Start Date	
Funding End Date	
Total Funding Requested	\$0.00

Detailed Cost Impact:				
Type of Expense	Description of Expense	Daily Expenses (Except Airfare)	# of Days	Total Expenses
Salaries			1	\$0.00
Airfare				\$0.00
Ground Transportation			1	\$0.00
Conference/Registration Fees			1	\$0.00
Lodging			1	\$0.00
Meals and Tips			1	\$0.00
Capital Project			1	\$0.00
Miscellaneous			1	\$0.00
Grand Total				\$0.00

Justification for Request Attach copies of reports, master plans, or supporting documentation)

Requestor Signature		Date Signed	
Approved By			
Approval Signature		Date Approved	